Red Pho Required Client Information:
Company: USS Corporation
Address: P.O. Box 417 Section A Mt. Iron, MN 55768 Required Project Information:
Report To: Tom Moe Copy To: Section B CHAIN-OF-CUSTODY / Analytical Request Document
The Chain-of-Custody is a LEGAL DOX

MO#: 1261176 Section C
Invoice Information:
Attention: Address: Company Name: PM: HRZ CLIENT: USS CORP Due Date: 03/02/16 오

												ľ																			H	-						-
Email:		Purchase Order #:	rder #:		i					پر ا	Pace Quote:	ote		į		:			li		ĺ		ŀ								100	The second				and Africa		Į.
Reques	ed Due Date:	Project #:	ģ	No.	NECES-LINE 3 WKY	SWNy			ı	, 	Pace Profile #:	rofile	*	8	ľ	Dead	ner.zika w paceiabs.com,	Ø.	Š	8	Ş				Ì	+					7	The second second second				į		
									H	ŀ	H	П			H	Н		944			e.j				1					The second	r i							廳
	MATEX	CODE	to left)	OMP)		COLL	COLLECTED			•			Pr	ese	Preservatives	ves		DATA SALVINO	MA															4.07		00 Y 10 C	W. *	rowski).
	SAMPLE ID CII		(see valid codes	(G=GRAB C=C	START	AT .		8	T COLLECTION									e State til Medikasi et	3 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Ca,Mg,Hardi										ne (Y/N)	4.000						
ITEM #	One Character per box. (A-Z, 0-9 / , -) Sample ids must be unique Tssue	a ca a s	MATRIX CODE	SAMPLE TYPE	DATE	JIME.	DATE	TIME	M SAMPLE TEMP A	# OF CONTAINE	Unpreserved	H2SO4	HNO3	HCI	NaOH	Na2S2O3	Methanol	Other	Antight	LAB FILTERED	Lab FILTERED										Residual Chlori	onen						
	WS-002 Scrubber Make-Up		TW		17%	1.30 1.00	777		$\stackrel{\sim}{+}$											×	_											רַדְּ,רַדְּ	<u> </u>					
8)	WS-003 Thickner Overflow		ΨŢ		4740	34730 -	147	or, 30 Feet or, 30 men	2											×	_										, !	두,두	Fi					,
					· •					_																												
															•																							
11,7																													\neg									
(-,)``											<u>, 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -</u>								-																			
																								_	_													ᆛ
											-																			\dashv								
/+).												\dashv										\dashv		\dashv	\dashv			一		\dashv								
										-														\dashv						_								
									_	-	***	\dashv		Ì										-		\dashv												ŀ
,										\dashv	-	一											∤					_		S, .				İ				
								(-)		146 d. 2021		lije.				(e) (f)			<u> </u>	劉				[34] [34]	(-)		74008 1515 1512									143		
			~	ر ي	and wasted	*		2-1776	77	9	13/55	×	1		(,)		0)	1	\ \					63	1/17	1/16]	3:5<	ΝI	4	1.1		7	7	7			
		_												1			\								1	1.1		١,	(
										1			 											+			+			+						\vdash		ı
																		estration.									-									T		
						PR	NT Nam	PRINT Name of SAMPLER:	PLE							~ I														(SMRX)	in C	red on				es	-	
						Sic	NATUR	SIGNATURE of SAMPLER:		"		્ ફ	16		may respond	. 6	1 1		_	ᆈ	衞	DATE Signed:	<u> </u>		3	}	"				TEMP	Receiv	æ (Y/N)	Custod lealed	Cooler	Y/N) Sample	ntact Y/N)	.,,,,
														Ł	(and present	8	Н		┡			١	١.	タームトア	J	2	7.			_	TE		Ice (Y		Co		int	\ '

Pace Analytical*

Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09

Document Revised: 23Feb2015

Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Upon Receipt Client Name:	5.		Project	#:	WO#: 1261176
Courier: Fed Ex UPS Commercial Pace	USPS Other:	- (Client		
Tracking Number:					12011/0
Custody Seal on Cooler/Box Present? Yes	I No	Seals I	ntact?	Yes Z	No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Ba	ıgs ZîN	one [Other:		Temp Blank? ☑Yes ☐No
Thermometer Used: 🗹 140792808	(Type of	lce: 🗹	,]Wet [None Samples on ice, cooling process has begu
Cooler Temp Read °C: 3, 4 Cooler Temp C Temp should be above freezing to 6°C Correction Fac		ا 	1,2 Date an	d Initials of	Biological Tissue Frozen? Yes No No Person Examining Contents: 2-17-16 CC
Chain of Custody Present?	Z Yes	□No	□n/a	1.	
Chain of Custody Filled Out?	ØÎYes	□No	□N/A	2.	
Chain of Custody Relinguished?	Yes	□No	□n/a	3.	
Sampler Name and Signature on COC?	ZÎYes	□No	□N/A	4.	
Samples Arrived within Hold Time?	ZYes	□No	N/A	5.	
Short Hold Time Analysis (<72 hr)?	□Yes	ZNo	□n/a	6.	
Rush Turn Around Time Requested?	Yes	ZNo	□N/A	7.	
Sufficient Volume?	✓Yes	□No	□N/A	8.	
Correct Containers Used?	Ø Yes	□No	□n/a	9.	
-Pace Containers Used?	☑ Yes	□No	□N/A	<u> </u>	
Containers Intact?	ZYes	□No	□N/A	10.	
Filtered Volume Received for Dissolved Tests?	Yes	□No	[] N/A ·	11. Note	if sediment is visible in the dissolved containers.
Sample Labels Match COC?	✓Yes	□No	□n/a	12.	
-Includes Date/Time/ID/Analysis Matrix:		·,			
All containers needing acid/base preservation will be checked and documented in the pH logbook.	∐Yes	□No	ZIN/A		log for results and additional preservation entation
Headspace in Methyl Mercury Container	□Yes	□No	ØN/A	13.	
Headspace in VOA Vials (>6mm)?	□Yes	□No	/JN/A	14.	
Trip Blank Present?	∐Yes	□No	//N/A	15.	
Trip Blank Custody Seals Present?	□Yes	□No	PN/A		
Pace Trip Blank Lot # (if purchased):				<u></u>	
CLIENT NOTIFICATION/RESOLUTION					Field Data Required? Yes No
Person Contacted:				Date/Time:	
Comments/Resolution					
· · · · · · · · · · · · · · · · · · ·					
					-
FECAL WAIVER ON FILE Y N		TEM	PERATU	RE WAIV	ER ON FILE Y N
Project Manager Review: Note: Whenever there is a discrepancy affecting North Carolin hold, incorrect preservative, out of temp, incorrect containers)	a compliance	PZ e samples,	a copy of t	Da his form will	ate: 2–17–16 be sent to the North Carolina DEHNR Certification Office (i.e. out o